

**DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH ADMINISTRATION
BUREAU OF HAZARDOUS MATERIAL & TOXIC SUBSTANCES**

**APPLICATION FOR
VOLUNTARY CLEANUP PROGRAM**

Please submit to: Bureau of Hazardous Material & Toxic Substances
51 N Street N.E., 3rd Floor, Washington D.C. 20002-3315
(Please submit either by mail or in person)

**A SEPARATE APPLICATION MUST BE SUBMITTED FOR EACH
PARCEL OR EACH PARCEL OWNED BY A SEPARATE LEGAL ENTITY**

This application will be used to submit a request to participate in the Voluntary Clean-up Program. The information in this application will be used to determine eligibility of the Applicant and the site as provided for under Title III of the Brownfields Revitalization Amendment Act of 2000, D.C. Law 13-312, effective June 15, 2001.

Please type. Please answer each question completely. Please indicate "N/A" where a question is not applicable to the Applicant. Please include a cover letter for the application package.

Until the District has promulgated a final policy or final rulemaking the following interim fee procedure will be adopted. To offset the time spent by the EHA, in review of ALL site information transmitted along with meetings and site visits, the Applicant will reimburse the District on a preset hourly fee. Time for each project will be recorded using the "Voluntary Cleanup Staff Accounting" form. The Voluntary Cleanup Program Coordinator will maintain this time accounting.

If you have any questions please contact EHA.

INELIGIBLE APPLICANTS

If a determination is made that either Applicant or the site is ineligible for participation the application will be returned.

NOTIFICATION

EHA shall approve or deny the application within 90 business days of its receipt. A request by EHA for additional information shall toll the 90-day review period.

I. Property

Property Name_____

Address_____

City _____ Quadrant _____ Zip Code _____ Ward _____

Square # _____ Lot # _____ Acreage _____

Has the site had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N)_____

Is the property listed on the National Priority List pursuant to the Comprehensive Environmental Response, Compensation, and Liability Act of 1980, 42 U.S.C. 9601 *et seq.*? (Y/N)_____

Is the property subject of a current cleanup action by the Environmental Protection Agency or the EHA? (Y/N)_____

Please include:

Permit numbers, dates, name(s) of program(s), name of regulated entity and
any other information known to the Applicant, and current pictures of the site.

II. Applicant

Name _____ Title _____

(please list principal if corporate entity)

Corporation/Organization _____

Legal Form of Business _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-mail _____

District of Columbia Corporation (Y/N) _____ Out of state entity (Y/N) _____
(please attach copy of certificate) (please attach copy of D.C. business certificate)

Is the Applicant applying for or does the Applicant plan to apply for grants, loans or property tax credits available for the redevelopment of Brownfields in the District per Title VII Cleanup Incentives of the Act? (Y/N) _____

Has the Applicant had any prior involvement with District or Federal environmental regulatory programs including notices of violation, orders, consent orders, enforcement actions, or environmental permits? (Y/N) _____ (please attach copies of any information listed)

Please include:

List of the financial incentives for which you are planning to apply.
Permit numbers, dates, name(s) of program(s), name of regulated
entity and any other information known to the Applicant.

III. Current Property Owner

Name _____ Title _____

(please list principal if corporate entity)

Corporation/Organization _____

Legal Form of Business _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-mail _____

District of Columbia Corporation (Y/N) _____ Out of state entity (Y/N) _____
(please attach copy of certificate) (please attach copy of D.C. business certificate)

IV. Other Contacts

Consultant

Name _____ Title _____
(please list principal if corporate entity)

Corporation/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-mail _____

Project Manager

Name _____ Title _____
(please list principal if corporate entity)

Corporation/Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone (____) _____ Fax (____) _____

E-mail _____

V. Applicant's Interest in Property

Do you own this property? (Y/N) ____
(Include copy of deed)

Are you under contract to purchase the property? (Y/N) ____

Are you under contract to sell the property? (Y/N) ____

If under contract to sell or purchase the property, has a settlement date been scheduled? (Y/N) ____ Date: _____

Are you renting or leasing the property? (Y/N) ____

Are you considering renting or leasing the property? (Y/N) ____

Are you a holder of a mortgage, deed, trust or other security interest in the property? (Y/N) ____

Place an "X" in the appropriate blank.

____ Intend to develop site for personal or business purposes.

____ Intend to conduct an investigation of site prior to acquisition or development.

____ Neighboring property owner who was unable to obtain relief from the responsible party.

VI. Current Property Use

Place an "X" in the appropriate blank.

<input type="checkbox"/> Residential	<input type="checkbox"/> Underutilized
<input type="checkbox"/> Industrial	<input type="checkbox"/> Undeveloped
<input type="checkbox"/> Commercial	<input type="checkbox"/> Idle/Inactive
<input type="checkbox"/> Mixed-Use	<input type="checkbox"/> Other (explain) _____
<input type="checkbox"/> Abandoned _____	_____

Current operations on property _____

Current Operator _____ Title _____
(please list principal if corporate entity)

Number of Employees _____ Type of work performed by employees _____

Recorded deed restrictions on property (Y/N) ____ If yes, explain _____

Are hazardous substances used, generated, treated, stored, disposed or released at the property? (Y/N) ____

If yes, explain _____

Please include :

Permits for release of hazardous substances.
Copies of Toxic Release Inventory (TRI).
Copies of permits for hazardous waste generation.
Any other relevant local and federal registrations.
Site map that describes the location(s) of building(s) and operation(s).

VII. Historical Property Use

Have there ever been any hazardous substances used, generated, treated, stored, disposed of, or discharged at the property? (Y/N) ____

If yes, explain _____

Please list all categories of contaminants that are known to exist on the property (i.e. solvents, metals, inorganics, organics): _____

Please include :

All available historical information on the property.
Previous owners and lessors, uses and dates of transfer of ownership of the property.
Results of a title search for the property.

VIII. Future Property Use

Place an "X" in the appropriate blank.

☐ Unlimited
☐ Residential
☐ Mixed Use
☐ Commercial
☐ Industrial
☐ Undetermined

Please include :

Description of the future use of the property.
Include timelines, types of operations, number of potential employees.
Construction and site plans.

Statement of Certification

I certify under penalty of law that the information provided in this application is, to the best of Applicant's knowledge and belief, accurate and complete.

I certify that I am the Applicant or an authorized representative of the Applicant.

I certify that all information on environmental conditions relevant to the site and known to the Applicant is included in this application.

By signing below the Applicant, or the authorized representative acting on behalf of the Applicant, agrees to pay all invoices for the costs of services provided by the Environmental Health Administration when billed.

Printed Name _____

Company _____ **Title** _____

Signature _____ **Date** _____

OFFICE USE

Documents Received by: _____ VCP Case No. _____

Date: _____ Approved _____ Not Approved _____ Resubmit _____

Additional Information Required: _____

CERTIFICATION OF FINANCIAL RESPONSIBILITY

_____ hereby certifies that he/she/it is in compliance with the financial
[Applicant]

responsibility requirements of 20 DCMR Chapter 67.

The financial assurance mechanism(s) used to demonstrate financial responsibility under 20 DCMR Chapter 67 are as follows:

[Type of mechanisms]_____

[Name of issuer]_____

[Mechanism number (if applicable)]_____

[Amount of coverage]_____

[Effective period of coverage]_____

Whether mechanism covers “taking correction action” or compensating third parties for bodily injury and property damage caused by either “sudden accidental releases” or “nonsudden accidental releases.”

[Signature of Applicant]_____

[Name of Applicant]_____

[Title]_____

[Date]_____

[Signature of witness or notary]_____

[Name of witness or notary]_____

[Date]_____

The Applicant must update this Certification whenever the financial assurance mechanism(s) used to demonstrate financial responsibility changes.

GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health
Environmental Health Administration



**Bureau of Hazardous Material &
Toxic Substances**

Voluntary Cleanup Program

Attachments and Supplementary Information

Because there are numerous attachments that must be included with each section of the application, the Applicant must create an appendix that includes all required documents. A summary of the attachments along with their corresponding appendix numbers are as follows. If more space for an explanation is needed it may be added in the appendix for that section. Any additional attachments that are not mentioned elsewhere should be added thereafter.

Appendix I. Property

- Permit numbers, dates, name(s) of program(s), name of regulated entity, any other information known to the Applicant, and current pictures of the site.

Appendix II. Applicant

- Copy of District of Columbia Corporation Certificate **OR** Copy of District of Columbia Business Certification.
- List of the financial incentives for which you are planning to apply.
- Permit number(s), date(s), name(s) of program(s), name of regulated entity and any other information known to the Applicant.

Appendix III. Current Property Owner

- Copy of District of Columbia Corporation Certificate **OR** Copy of District of Columbia Business Certification.

Appendix IV. Other Contacts

- Supplementary information for the Consultant and/or Project Manager.

Appendix V. Applicant's Interest in Property

Appendix VI. Current Property Use

- Permits for release of hazardous substances.
- Copies of Toxic Release Inventory (TRI).
- Copies of permits for hazardous waste generation.
- Any other relevant local and federal registrations.
- Site map that describes the location of buildings and operations.

Appendix VII. Historical Property Use

- All historical information available on the property.
- Previous owners and lessors, uses and dates of transfer of ownership of the property.
- Results of a title search for the property.

Appendix VIII. Future Property Use

- Description of the future use of the property.
- Include timelines, types of operations, number of potential employees, occupants, or residents.
- Construction and site plans.

Appendix IX. Phase I/II

- Copy of the Phase I environmental report.
- Copy of the Phase II environmental report.

Appendix X. Public Involvement Plan

- Copy of the Site Community Involvement Plan.

Appendix XI

- A descriptive summary of a proposed cleanup action plan that conforms to EHA cleanup standards, which will include an outline of the response action plan for the site.
Outline should include:
 - sources of contamination
 - exposure pathways
 - need for additional investigation (Phase II sampling, etc.)
 - proposed clean-up criteria
 - proposed clean-up alternatives
 - proposed institutional controls and activity use limitations
 - site map depicting areas to be remediated
 - summary of future use of the property

VCP IMPLEMENTATION GUIDELINES







